Module III
Chemical Dependence in the Family

Module Objectives
By the end of these modules, the learner will have a better understanding of:

- Risk factors for substance use
- How chemical dependency affects families
- The survival roles that emerge in families living with addiction

PowerPoints included:
Chemical Dependence in the Family

Training Resources included:
An Elephant in the Living Room
Who's Feeling What?

Handouts included:
NIDA Notes: Risk and Protective Factors in Drug Abuse Prevention
Children of Addicted Parents: Important Facts for Educators
A Family History of Alcoholism
Children from Families with Chemical Dependency
Children of Alcoholics at School
The Five Roles Found in Chemically Dependent Families
How Does Alcohol Affect the World of a Child?

Chemical Dependence in the Family

All of the following information comes from the Children of Alcoholics Foundation and the Leadership to Keep Children Alcohol Free.

Please visit these websites for additional resources:

www.coaf.org

www.alcoholfreechildren.org

A National Public Health Issue

A national study in 2000 showed that:

- 14 million Americans are current illicit drug users
- 104 million Americans currently drink alcohol
- 12 million people reported being heavy drinkers

A National Public Health Issue

More than eight million children are affected by parental substance abuse in the United States.

Put another way, 1 out of 8 children come from substance abusing homes.

Risk Factors

Researchers believe a person's risk of becoming a substance abuser increases if he or she is in a family with the following difficulties:

- an alcoholic parent is depressed or has other psychological problems;
- both parents abuse alcohol and other drugs;
- the parents' alcohol abuse is severe; and
- conflicts lead to aggression and violence in the family.

Why It's A Problem

- Children of substance abusers are significantly more likely to initiate use during adolescence and to develop substance use disorders.
- Parents' substance use behaviors and favorable attitudes about substance use have been associated with adolescents' initiating and continuing substance use.
- Research studies indicate that children are less likely to start using substances when their parents are involved with them and when they and their parents report feeling close to each other.

Why It's A Problem

Substance abuse increases children's rates of:

- Accidental injuries
- Morbidity
- Being abused and neglected
- Future substance abuse
- Health care utilization

Accidental Injuries

The rate of injuries and poisonings among children of substance abusers is more than 1.5 times as great as other children.

Child Abuse and Neglect

- 70% of children in foster care are children of substance abusers
- 40-60% of child abuse is substance-abuse related
- 85% of all batterers are substance abusers

Behaviors & Traits of COSAs

Children of substance abusers are three to four times more likely to develop their own substance abuse problems than other children.

Behaviors & Traits of COSAs

- Caretaking
- Regression
- Difficulty making friends
- Poor communication skills
- Perfectionism
- Lack trust in authority figures
- Acting out
- Poor interpersonal boundaries

Roles in Substance Abusing Families

- The Hero
- The Scapegoat
- The Lost Child
- The Mascot

Children of alcoholics do not choose these roles,
but adopt them as a means of survival.
This is particularly evident during times of stress.

General Problem Indicators in School

- Reported changes in relationships with peers or other school issues
- Parental difficulty in making or keeping appointments
- Fatigue
- Unusual/sophisticated knowledge of drinking/drug practices
- Discomfort with issues of substance abuse

An Elephant in the Living Room

Jill Hastings

Imagine an ordinary living room…chairs, couch, coffee table, a TV set and, in the middle a

LARGE, GRAY ELEPHANT.

The ELEPHANT stands there, shifting from one foot to another and slowly swaying from side to side.

Imagine also the people that live in this house; you, along with your mother and father and maybe some sisters and brothers. People have to go through the living room many times a day and you watch as they walk through it very…carefully...around…the ELEPHANT. No one ever says anything about the ELEPHANT. They avoid the swinging trunk and just walk around it. Since no one ever talks about the ELEPHANT, you know that you're not supposed to talk about it either. And you don't.

But sometimes you wonder why nobody is saying anything or why no one is doing anything to move the ELEPHANT. After all, it's a very big ELEPHANT and it's very hard to keep walking around it all the time and people are getting very tired. You wonder if maybe there is something wrong with you. But you just keep wondering, keep walking around it, keep worrying and wishing that there was somebody to talk to about the ELEPHANT.

Living in a family where drinking is a problem is a lot like living with an ELEPHANT in the living room.

Task: **Who's Feeling What?** (20 minutes)

As a large group, brainstorm feelings you experience when you are around someone who is using or is chemically dependent. We will list these on one flip chart.

Now brainstorm feelings you experience when you are around someone who is healthy/not using chemicals. We will list these on a different flip chart.

- How do the two lists differ?
- What is the overall tone / feel of the first list? The second?
- If someone has the first list as a baseline, how might they react/interact with others who have the second as their baseline?
- How does this relate to the lives/experiences of the students you work with?

<u>Points to make</u>

According to national statistics, one in four kids is directly affected by someone's substance use. For these kids, the first list makes up their baseline.

These kids grow up to be adults: co-workers, family, etc.

NIDA NOTES

Drug Abuse Prevention Research Update

Volume 16, Number 6
(February 2002)

Risk and Protective Factors in Drug Abuse Prevention

In more than 20 years of drug abuse research, NIDA has identified important principles for prevention programs in the family, school, and community. Prevention programs often are designed to enhance "protective factors" and to reduce "risk factors." Protective factors are those associated with reduced potential for drug use. Risk factors are those that make drug use more likely. Research has shown that many of the same factors apply to other behaviors such as youth violence, delinquency, school dropout, risky sexual behaviors, and teen pregnancy.

Protective factors:

- Strong and positive family bonds;
- Parental monitoring of children's activities and peers;
- Clear rules of conduct that are consistently enforced within the family;
- Involvement of parents in the lives of their children;
- Success in school performance; strong bonds with institutions, such as school and religious organizations; and
- Adoption of conventional norms about drug use.

Risk factors:

- Chaotic home environments, particularly in which parents abuse substances or suffer from mental illnesses;
- Ineffective parenting, especially with children with difficult temperaments or conduct disorders;
- Lack of parent-child attachments and nurturing;
- Inappropriately shy or aggressive behavior in the classroom;
- Failure in school performance;
- Poor social coping skills;
- Affiliations with peers displaying deviant behaviors; and
- Perceptions of approval of drug-using behaviors in family, work, school, peer, and community environments.

Children of Addicted Parents: Important Facts for Educators

1. Alcoholism and other drug addiction tend to run in families. Children of addicted parents are more at risk for alcoholism and other drug abuse than are other children.

- Children of addicted parents are the group of children most at risk of becoming alcohol and drug abusers due to both genetic and family environment factors.[1]
- Children with a biological parent who is alcoholic continue to have an increased risk (2-9 fold) of developing alcoholism even when they have been adopted. This fact supports the hypothesis that there is a genetic component in alcoholism.[2]
- Recent studies further suggest a strong genetic component, particularly for early onset of alcoholism in males. Sons of alcoholic fathers are at fourfold risk (*of future substance abuse)* compared with the male offspring of non-alcoholic fathers.[3]
- Use of substances by parents and their adolescent children is strongly correlated; generally, if parents take drugs, sooner or later their children will also.[4] Adolescents who use drugs are more likely than their non-addicted peers to have one or more parents who also use drugs.[5]
- The influence of parental attitudes on a child's drug-taking behaviors may be as important as actual drug abuse by the parents.[6] An adolescent who perceives that a parent is permissive about the use of drugs is more likely to use drugs.[7]

2. Family interaction is defined by substance abuse or addiction in a family.

- Families affected by alcoholism report higher levels of conflict than do families with no alcoholism. Drinking is the primary factor in family disruption. The environment of children of alcoholics has been characterized by lack of parenting, poor home management, and lack of family communication skills, thereby effectively robbing children of alcoholic parents of modeling or training in parenting skills or family effectiveness.[8]
- The following family problems have frequently been associated with families affected by alcoholism: increased family conflict; emotional or physical violence; decreased family cohesion; decreased family organization; increased family isolation; increased family stress including work problems, illness, marital strain and financial problems; and frequent family moves.[9]
- Addicted parents often lack the ability to provide structure or discipline in family life, but simultaneously expect their children to be competent at a wide variety of tasks earlier than do non-addicted parents.[10]
- Sons of addicted fathers are the recipients of more detrimental discipline practices from their parents.[11]

3. A relationship between parental addiction and child abuse is indicated in a large proportion of child abuse and neglect cases.

- Three of four (71.6%) child welfare professionals cite substance abuse as the chief cause for the dramatic rise in child maltreatment since 1986.[12]

- Most welfare professionals (79.6%) report that substance abuse causes or contributes to at least half of all cases of child maltreatment; 39.7% say it is a factor in over 75% of the cases. [13]

- In a sample of parents who significantly maltreat their children, alcohol abuse specifically is associated with physical maltreatment, while cocaine abuse exhibits a specific relationship to sexual maltreatment.[14]

- Children exposed prenatally to illicit drugs are 2 to 3 times more likely to be abused or neglected. [15]

4. Children of drug addicted parents are at greater risk for placement outside the home.

- Three of four child welfare professionals (75.7%) say that children of addicted parents are more likely to enter foster care, and 73% say that children of alcoholics stay longer in foster care than do other children.[16]

- In one study, 79% of adolescent runaways and homeless youth reported alcohol use in the home, 53% reported problem drinking in the home, and 54% reported drug use in the home.[17]

- Each year, approximately 11,900 infants are abandoned at birth or are kept at hospitals, 78% of whom are drug-exposed. The average daily cost for each of these babies is $460.[18]

5. Children of addicted parents exhibit symptoms of depression and anxiety more than do children from non-addicted families.

- Children of addicted parents exhibit depression and depressive symptoms more frequently than do children from non-addicted families.[19]

- Children of addicted parents are more likely to have anxiety disorders or to show anxiety symptoms.[20]

- Children of addicted parents are at high risk for elevated rates of psychiatric and psychosocial dysfunction, as well as for alcoholism.[21]

6. Children of addicted parents experience greater physical and mental health problems and generate higher health and welfare costs than do children from non-addicted families.

- Inpatient admission rates and average lengths of stay for children of alcoholics are 25-30% greater than for children of non-alcoholic parents. Substance abuse and other mental disorders are the most notable conditions among children of addiction.[22]

- It is estimated that parental substance abuse and addiction are the chief cause in 70-90% of all child welfare spending. Using the more conservative 70% assessment, in 1998 substance abuse and addiction accounted for approximately $10 billion in federal, state and local government spending simply to maintain child welfare systems.[23]

- The economic costs associated with Fetal Alcohol Syndrome were estimated at $1.9 billion for 1992.[24]

- A sample of children hospitalized for psychiatric disorders demonstrated that more than 50% were children of addicted parents.[25]

7. Children of addicted parents have a higher-than-average rate of behavior problems.

- One study comparing children of alcoholics (aged 6-17 years) with children of psychiatrically healthy medical patients, found that children of alcoholics had elevated rates of ADHD (Attention Deficit Hyperactivity Disorder) and ODD (Oppositional Defiant Disorder) compared to the control group of children.[26]
- Research on behavioral problems demonstrated by children of alcoholics has revealed some of the following traits: lack of empathy for other persons, decreased social adequacy and interpersonal adaptability, low self-esteem, and lack of control over the environment.[27]
- Research has shown that children of addicted parents demonstrate behavioral characteristics and a temperament style that predispose them to future maladjustment.[28]

8. Children of addicted parents score lower on tests measuring school achievement and exhibit other difficulties in school.

- Sons of addicted parents performed worse on all domains measuring school achievement, using the Peabody Individual Achievement Test-Revised (PIAT-R), including general information, reading recognition, reading comprehension, total reading, mathematics and spelling.[29]
- In general, children of alcoholic parents do less well on academic measures. They also have higher rates of school absenteeism and are more likely to leave school, be retained, or be referred to the school psychologist than are children of non-alcoholic parents.[30]
- In one study, 41% of addicted parents reported that at least one of their children repeated a grade in school, 19% were involved in truancy, and 30% had been suspended from school.[31]
- Children of addicted parents were found at significant disadvantage on standard scores of arithmetic compared to children of non-addicted parents.[32]
- Children of alcoholic parents often believe that they will be failures even if they do well academically. They often do not view themselves as successful.[33]

9. Children of addicted parents score lower on tests measuring verbal ability.

- Children of addicted parents tend to score lower on tests that measure cognitive and verbal skills.[34] Their ability to express themselves may be impaired, which can hamper their school performance, peer relationships, ability to develop and sustain intimate relationships, and performance on job interviews.[35]
- Lower verbal scores, however, should not imply that children of addicted parents are intellectually impaired.[36]

10. Children of addicted parents have greater difficulty with abstraction and conceptual reasoning.

- Abstraction and conceptual reasoning play an important role in problem solving, whether the problems are academic or are related to situations encountered in life. Children of alcoholics may require very concrete explanations and instructions.[37]

11. Maternal consumption of alcohol and other drugs any time during pregnancy can cause birth defects or neurological deficits.

- Studies have shown that exposure to cocaine during fetal development may lead to subtle but significant deficits later on, especially with skills that are crucial to success in the classroom, such as the ability to block distractions and concentrate for long periods.[38]
- Cognitive performance is less affected by alcohol exposure in infants and children whose mothers stopped drinking in early pregnancy, despite the mothers' resumption of alcohol use after giving birth.[39]
- Prenatal alcohol effects have been detected at moderate levels of alcohol consumption in non-alcoholic women. Even though a mother may not regularly abuse alcohol, her child may not be spared the effects of prenatal alcohol exposure.[40]

12. Children of addicted parents may benefit from supportive adult efforts to help them.

- Children who coped effectively with the trauma of growing up in families affected by alcoholism often relied on the support of a non-alcoholic parent, stepparent, grandparent, teachers and others.[41]
- Children in families affected by addiction who can rely on other supportive adults have greater autonomy and independence, stronger social skills, better ability to cope with difficult emotional experiences, and better day-to-day coping strategies than other children of addicted parents.[42]
- Group programs reduce feelings of isolation, shame and guilt among children of alcoholics while capitalizing on the importance to adolescents of peer influence and mutual support.[43]
- Competencies such as the ability to establish and maintain intimate relationships, express feelings, and solve problems can be improved by building the self-esteem and self-efficacy of children of alcoholics.[44]

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www.nacoa.org

Additional Information

Contact the following organizations if you or someone you know needs help or more information about alcohol abuse or alcoholism:

Al-Anon Family Group Headquarters
1600 Corporate Landing Parkway
Virginia Beach, VA 23454–5617
Internet address: http://www.al-anon.alateen.org
Makes referrals to local Al-Anon groups, which are support groups for spouses and other significant adults in an alcoholic person's life. Also makes referrals to Alateen groups, which offer support to children of alcoholics.

- Locations of Al-Anon or Alateen meetings worldwide can be obtained by calling (888) 4AL–ANON (425–2666) Monday through Friday, 8 a.m.–6 p.m. (e.s.t.)
- Free informational materials can be obtained by calling (757) 563–1600, Monday through Friday, 8 a.m.–6 p.m.

Alcoholics Anonymous (AA) World Services
475 Riverside Drive, 11th Floor
New York, NY 10115
Phone: (212) 870–3400
Internet address: http://www.aa.org
Makes referrals to local AA groups and provides informational materials on the AA program. Many cities and towns also have a local AA office listed in the telephone book.

National Association for Children of Alcoholics (NACoA)
11426 Rockville Pike, Suite 100
Rockville, MD 20852
Phone: (888) 55–4COAS or (301) 468–0985
E-mail: nacoa@nacoa.org
Internet address: http://www.nacoa.net
Works on behalf of children of alcohol- and drug-dependent parents.

National Council on Alcoholism and Drug Dependence (NCADD)
20 Exchange Place, Suite 2902
New York, NY 10005
Phone: (800) 622–2255
Internet address: http://www.ncadd.org
Provides telephone numbers of local NCADD affiliates (who can provide information on local treatment resources) and educational materials on alcoholism via the above toll-free number.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
6000 Executive Boulevard, Suite 409
Bethesda, MD 20892–7003
Phone: (301) 443–3860
Internet address: http://www.niaaa.nih.gov
Makes available free publications on all aspects of alcohol abuse and alcoholism. Many are available in Spanish. Call, write, or search the NIAAA Web site for a list of publications and ordering information.

NIAAA
National Institute on Alcohol Abuse and Alcoholism

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A Family History of Alcoholism

Are You at Risk?

U.S. Department of Health and Human Services
National Institutes of Health
National Institute on Alcohol Abuse and Alcoholism

If you are among the millions of people in this country who have a parent, grandparent, or other close relative with alcoholism, you may have wondered what your family's history of alcoholism means for you. Are problems with alcohol a part of your future? Is your risk for becoming an alcoholic greater than for people who do not have a family history of alcoholism? If so, what can you do to lower your risk?

What is Alcoholism?

Alcoholism, or alcohol dependence, is a disease that includes four symptoms:

- ***Craving***—*A strong need, or urge, to drink.*
- ***Loss of control***—*Not being able to stop drinking once drinking has begun.*
- ***Physical dependence***—*Withdrawal symptoms, such as upset stomach, sweating, shakiness, and anxiety after stopping drinking.*
- ***Tolerance***—*The need to drink greater amounts of alcohol to get "high."*

Many scientific studies, including research conducted among twins and children of alcoholics, have shown that genetic factors influence alcoholism. These findings show that children of alcoholics are about four times more likely than the general population to develop alcohol problems. Children of alcoholics also have a higher risk for many other behavioral and emotional problems. But alcoholism is not determined only by the genes you inherit from your parents. In fact, more than one-half of all children of alcoholics do not become alcoholic. Research shows that many factors influence your risk of developing alcoholism. Some factors raise the risk while others lower it.

Genes are not the only things children inherit from their parents. How parents act and how they treat each other and their children has an influence on children growing up in the family. These aspects of family life also affect the risk for alcoholism. Researchers believe a person's risk increases if he or she is in a family with the following difficulties:

- an alcoholic parent is depressed or has other psychological problems;
- both parents abuse alcohol and other drugs;
- the parents' alcohol abuse is severe; and
- conflicts lead to aggression and violence in the family.

The good news is that many children of alcoholics from even the most troubled families do not develop drinking problems. Just as a family history of alcoholism does not guarantee that you will become an alcoholic, neither does growing up in a very troubled household with alcoholic parents. Just because alcoholism tends to run in families does not mean that a child of an alcoholic parent will automatically become an alcoholic too. The risk is higher but it does not have to happen.

If you are worried that your family's history of alcohol problems or your troubled family life puts you at risk for becoming alcoholic, here is some common-sense advice to help you:

Avoid underage drinking—First, underage drinking is illegal. Second, research shows that the risk for alcoholism is higher among people who begin to drink at an early age, perhaps as a result of both environmental and genetic factors.

Drink moderately as an adult—Even if they do not have a family history of alcoholism, adults who choose to drink alcohol should do so in moderation—no more than one drink a day for most women, and no more than two drinks a day for most men, according to guidelines from the U.S. Department of Agriculture and the U.S. Department of Health and Human Services. Some people should not drink at all, including women who are pregnant or who are trying to become pregnant, recovering alcoholics, people who plan to drive or engage in other activities that require attention or skill, people taking certain medications, and people with certain medical conditions.

People with a family history of alcoholism, who have a higher risk for becoming dependent on alcohol, should approach moderate drinking carefully. Maintaining moderate drinking habits may be harder for them than for people without a family history of drinking problems. Once a person moves from moderate to heavier drinking, the risks of social problems (for example, drinking and driving, violence, and trauma) and medical problems (for example, liver disease, brain damage, and cancer) increase greatly.

Talk to a health care professional—Discuss your concerns with a doctor, nurse, nurse practitioner, or other health care provider. They can recommend groups or organizations that could help you avoid alcohol problems. If you are an adult who already has begun to drink, a health care professional can assess your drinking habits to see if you need to cut back on your drinking and advise you about how to do that.

Children from Families with Chemical Dependency

Family Rules

In families with chemical dependency, there are unspoken rules that are followed by all family members…

~ Don't Talk ~ Don't Trust ~ Don't Feel ~

Don't' Talk Within the family, the chemical dependency is not acknowledged – Think of the "The elephant in the living room."

Don't Trust Trusting someone from outside the family with the "family secret" is not allowed, and why trust someone else after you have been let down by your own family.

Don't Feel Think about the feelings that are associated with having an addicted family member – not feelings you would want to connect with.

Five Crucial Messages

There are five crucial messages to give to children who come from families with chemical dependency. Ideally these are given at the end of a complete alcohol & other drug education unit, thus impacting students even if they have not identified themselves.

1) You are not alone
Chemical dependency is so stigmatized that neither children nor adults tell their closest friends about it even during the hardest of times. As a result, most children think theirs is the only family that behaves as it does. It is an enormous relief to know that many other people have the same problem.

2) The substance use is not your fault
Children blame themselves for a parent's substance use, sometimes because the chemically dependent parent or even the non-using parent explicitly blames them. Obviously this guilt is a burden which has a tremendous impact on the child's personality.

3) Chemical dependency is an illness – it is not the chemically dependent person's fault either
The child feels unloved, angry, rejected and thinks the chemically dependent parent chooses to live as s/he does. The child can begin to love the parent again if s/he can separate the illness from the person who has it and can't control it.

4) Chemically dependent persons can recover – there is hope
There must be a reason to seek help, something to look forward to. Most young people look for help for their parent, and in so doing find help for themselves.

5) You need and should get help for yourself
The object of school-based assistance is to help the children of chemically dependent parents regardless of whether or not their parents get help. That means encouraging the appropriate expression of emotions, teaching coping skills, and providing resources and support.

Children from Families with Chemical Dependency

How Can I Help???

1) Reassurance
- You are not to blame
- You didn't cause it
- You can't cure it
- You can cope

2) Provide
- Non-judgmental ear
- Warmth
- Security
- Consistency

3) Role Model
- Openness to feelings
- Asking for help
- Trusting others
- Hope
- Coping/problem-solving skills

4) Do Open-Ended Discussions
- Give permission to talk
- Test their reality
- Creates understanding

5) Teach Problem-Solving

6) Build Self-Esteem

7) Know Community Resources

8) Individual Help
- Clarify
- Validate experience / perceptions
- Problem solve
- Assess safety
- Connect support systems
- Educate if time
- Weave feelings throughout
- Fill the gaps
- Foster independence

JUST THE FACTS

CHILDREN OF ALCOHOLICS AT SCHOOL

AN EDUCATIONAL FACT SHEET FROM
THE FLORIDA ALCOHOL & DRUG ABUSE ASSOCIATION

Children who grow up in alcoholic families are three to five times more likely than other children to develop alcoholism, drug dependence, eating disorders or other addictive/compulsive behaviors later in life. The Center for Substance Abuse Prevention (CSAP) estimates there are 28 million children of alcoholics in the United States, 7 million of whom are under the age of 18. Approximately one in eight Americans is the child of an alcoholic, but only a small percentage of school-age children of alcoholics get help.

A PORTRAIT OF JENNIE

Eight-year-old Jennie lives in an alcoholic home. She's a quiet child often overlooked by her teachers. She seems withdrawn and depressed, does not act out and has very few friends. Someone who watches Jennie closely may glimpse a trace of creativity in her art or drama, something that shows she is unique. Jennie seems to struggle with verbal and written skills. She generally stays alone on the playground. Other children sometimes tease or pick on her. She does not get involved when other children are picked on. Looking carefully, one notices her isolation. She attracts no attention. Jennie constantly feels rejected, hurt and anxious. She feels unimportant, unloved.

At school, Jennie doesn't appear to be a problem student. But the role she has adopted to help her cope with life in an alcoholic family makes her prone to addictions. She is likely to have difficulty with ongoing relationships and to feel isolated and alone. Jennie may be a candidate for teenage suicide. Her high level of anxiety makes it difficult for her to learn since she has a hard time relaxing. Jennie tries to be invisible. She is determined to pass through life unnoticed, believing that this is the safest course to avoid violence, anger and rejection.

CHILD DEVELOPMENT IN THE ALCOHOLIC FAMILY

Each child is affected by alcoholism differently — depending on the age of the child at the onset of the parent's alcoholism, the child's sex, the frequency of drinking, the presence of violence in the home, and the child's perception of the alcoholism.

Children who live in alcoholic families are often less mature emotionally, intellectually, and spiritually than their peers. They have no appropriate role models. The child may not receive adequate physical care and must take care of him- or herself.

An alcoholic family does not foster or allow the expression of feelings, so the child's emotional development is hampered. The child suffers intellectually because the alcoholic parent is not available. The reading level of a child is directly related to the amount of reading he sees his parents doing or encouraging. An alcoholic parent spends little time reading to a child. There is also little time spent in dialogue or discussion to challenge and encourage the child's intellectual growth.

Spiritually, there is usually a lack of discipline to utilize rituals or discuss religion in the family because the central and most important focus is the alcoholism.

ROLES FOR SURVIVAL

Author Sharon Wegscheider-Cruse, M.A., defines four specific roles adopted by children of alcoholics: hero, scapegoat, lost child and mascot. Most children of alcoholics will adopt one or a combination of roles in order to feel safe and in control. It may be hard for the child to act outside of the role he has adopted. Hidden inside, the child feels shame, guilt and in crisis, but he often avoids expressing any feelings.

THE HERO

The child hero is a volunteer, is responsible, and wants to be the best. Heros tend to be leaders, are controlling, rigid around other students, and need to help people and gain attention. In athletic competition, they exhibit poor sportsmanship because winning is so important. The hero may be obnoxious and is often referred to as a teacher's pet.

The hero needs structure and order. It is important to help this child learn that it is okay to make a mistake, to get less than 100 percent, or to not always try to have needs met through attention and approval. Teachers can help heros learn to share the conversation instead of monopolizing it.

Heros should be encouraged to allow others to lead. When paying the hero a compliment, separate the behavior or achievement from the person. Let him know he is cared about no matter what he has done.

THE SCAPEGOAT

The scapegoat is easily recognized in school: he disturbs classes, breaks rules, talks back, rarely does schoolwork, is irresponsible, blames others, is generally hostile and defiant, and is often referred to special education. The scapegoat becomes the center of attention in the classroom and in the family. Through this behavior, a child gets attention, feels significant and powerful.

Teachers must set clear limits for the scapegoat and help him see that choices have consequences and that he is responsible for his behavior. The teacher must disengage himself from the anger and frustration of the scapegoat child. Encourage this child to take a leadership role. Be calm and clear with a sense of control whenever dealing with a defiant child. Keep promises.

Teachers must resist the temptation to rescue the scapegoat from painful situations. It is important not to feel sorry for him. This would give the child more attention and enable him to continue deviant behavior. Insist that children obey classroom rules. Work with them to increase their attention span, which is generally low. Teachers must avoid confrontations with this child in front of other students, because the scapegoat thrives on negative attention. One-on-one interaction is more effective.

THE LOST CHILD

The lost child, like Jennie who has been described, has decided not to make waves. The lost child is not talkative. The lost child will stay in the middle rather than getting an A or an F so as not to attract attention. The lost child has a short attention span and may create a whole fantasy world during a time of stress, thereby disconnecting from his emotional world. He will not volunteer to answer questions in class, but will answer if called upon.

High teacher-student ratios make dealing with the lost child more difficult. This child of the alcoholic tends to get lost easily in big classes. To create options for the lost child, teachers should try to make contact one on one, find out who he is and what his interests are. Listen intently to what life is like for him. Recognize the creative side in these children. Encourage them to work in small groups. Help them build relationships with other students in the classroom. Call upon them to answer questions. Prepare them to be leaders. Encourage them to get involved in extracurricular activities.

THE MASCOT

During times of stress in the classroom the mascot becomes a class clown. The mascot will talk without raising his hand, tries to encourage laughter or look like a fool. The mascot has learned this survival role to diffuse stress and feels significant and powerful when making people laugh.

Teachers must set clear and specific limits with the mascot and should not get involved in the laughter of the students. Encourage the mascot to be a leader, to raise his hand and be responsible. Give strokes when the mascot has been appropriately humorous. Help the mascot attain a position of importance in the class or in the school.

Children of alcoholics do not choose these roles but adopt them as a means of survival. This is particularly evident during times of stress. The classroom is often an area of stress for children. They benefit when given a wider range of options to help them cope within their environment.

By listening and remaining calm, teachers may be able to influence children of alcoholics to seek help in support groups like Ala-Teen or a Student Assistance Program. A support group encourages a child to talk about what it is like to live in an alcoholic home and helps him learn to trust other students, express feelings, and understand the origin of feelings. Support groups help children relate to peers and adults positively. When they learn that alcohol and drug abuse are "diseases," it decreases their pain and sense of responsibility for the problems in the family. They feel less anxious and less burdened with life. With this awareness, school performance often improves.

CONCLUSION

The teacher can help change the child of an alcoholic's view that he is sick and dysfunctional. The teacher can confirm that he is experiencing normal reactions to an abnormal situation. The inconsistency, unpredictability, and lack of dependability which are characteristic of alcoholic homes can make a child fearful, confused, anxious, and overly vigilant. Teachers can help these children by encouraging them to use their imagination, be creative, laugh and be playful. Teachers acting as nurturing adults can encourage a trusting and supportive relationship in the classroom. This creates more options and challenges children to abandon their old survival techniques and develop healthy, new attitudes.

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Family Roles in a Chemically Dependent Family

Role	Visible Qualities	Inner Feelings	Represents to Family	Characteristics	Without Help	With Help
Chief Enabler	Super responsible Seriousness Self-blaming	Self-doubt Guilt Anger	Responsibility / binding agent	Always appears in control Over-responsible	Loss of zest for life Stress-related physical illness	Responsible for self, not others Self-worth Begins to live, not survive
Family Hero	Visible success Does what's right	Confused Inadequate	Self-worth / family can be proud	High achiever Leader Dependable	Workaholic Responsible for everything Never wrong	Accept failure Responsible for self, not others Good executive
Lost Child	Withdrawn Loner	Unworthiness Loneliness	Relief / one child not to worry about	Invisible Quiet No friends Follower Least aware of feelings	Little zest for life Sexual identity problems Promiscuous or stays alone	Independent Talented Creative Imaginative
Mascot	Family social worker Sensitive Humorous	Insecure Guilt	Fun & humor / Comic relief	Family social worker Avoids conflict Most aware of family pain Unaware of own needs Hyperactive	Can't handle stress Compulsive clown Marry "hero" for care	Takes care of self No longer clown Fun to be with Good sense of humor
Scapegoat	Defiant Strong peer value	Anger Rejection Resentment	Focus for family problems	Negative attention Confronts family problem	Troublemaker in school Prison	Accepts responsibility Good counselor Courage Ability to see reality

How Does *Alcohol* Affect the World of a *Child?*

LEADERSHIP TO KEEP CHILDREN ALCOHOL FREE

Because we are constantly updating our web pages to incorporate the most recent statistics, there may be some differences between the statistics in our published documents and those on the Web site. Please note that the Web site statistics are always our most current.

FAMILY

Alcohol is the #1 drug of choice for children and adolescents.[1]

- Before the age of 18, approximately one in four children is exposed to family alcoholism or addiction, or alcohol abuse.[2]
- Children of alcoholics are significantly more likely to initiate drinking during adolescence and to develop alcohol use disorders.[3]
- Parents' drinking behaviors and favorable attitudes about drinking have been associated with adolescents' initiating and continuing drinking.[4,5,6]
- Research studies indicate that children are less likely to drink when their parents are involved with them and when they and their parents report feeling close to each other.[4,7]
- Adolescents drink less and have fewer alcohol-related problems when their parents discipline them consistently and set clear expectations.[4]
- Any drinking during pregnancy presents a risk to the fetus.[8]
- Older siblings' alcohol use can influence the alcohol use of younger siblings in the family, particularly for same sex siblings.[9]

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THE CHILD

On an average day in the past year, almost 8000 adolescents, aged 12 to 17, drank alcohol for the first time.[1]

- Of the people who began drinking before age 14, 47% became dependent at some point, compared with 9% of those who began drinking at age 21 or older.[2]
- 62.0% of 8th-graders and 82.6% of 10th-graders believe that alcohol is readily available to them for consumption.[3]
- 17.9% of 8th-graders and 41.2% of 10th-graders have been drunk at least once.[3]
- 9th-grade girls now report consuming almost as much alcohol as 9th-grade boys: 36.2% of girls and 36.3% of boys reported drinking in the past month, and 17.3% of girls and 20.7% of boys reported binge drinking.[4]
- 33.9% of 9th-grade students reported having consumed alcohol before they were age 13. In contrast, only 18.6% of 9th-graders reported having smoked cigarettes, and 11.2% reported having used marijuana before they were age 13.4.[4]
- Rates of drinking differ among racial and ethnic minority groups. Among students in grades 9 to 12, 29.9% of non-Hispanic white students, 11.1% of African American students, and 25.3% of Hispanic students reported binge drinking.[4]
- A study of 5th-through 11th-grade students found that those who are exposed to and enjoy alcohol advertisements have more favorable beliefs about drinking and say they are more likely to drink in the future and consume more alcohol.[5]

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COMMUNITY

An overwhelming number of Americans (96%) are concerned about underage drinking, and a majority support measures that would help reduce teen drinking, such as stricter controls on alcohol sales, advertising, and promotion.[1]

- In a national survey a majority of respondents supported policies restricting access to alcohol:
  - 80% supported the minimum legal drinking age of 21
  - 87% believed there should be penalties for adult providers of alcohol to youth
  - 70% supported compliance checks
  - 81% supported higher alcohol taxes.[1]
- A majority of the respondents in the above survey supported restrictions on advertising and marketing of alcohol:
  - 67% supported bans on liquor ads on TV
  - 59% supported bans on beer and wine ads on TV
  - 61% supported bans on billboard alcohol ads
  - 62% supported bans on sports promotion.[1]
- In a national study, 8th-and 10th graders reported disapproval of certain drinking behaviors among their peers:
  - 54.0% of 8th-graders and 39.5% of 10th-graders disapprove of those who try one or two drinks of alcohol
  - 80.4% and 77.1% disapprove of those who take one or two drinks every day
  - 83.8% and 74.1% disapprove of those who have five or more drinks once or twice each weekend.[2]

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SCHOOL

Recent research shows that the human brain continues to develop into the early twenties.[1]

- Research indicates that adolescents who abuse alcohol may remember 10% less of what they have learned than those who don't drink.[1]
- Compared with other students, the approximately one million frequent heavy drinkers have mostly low grades (D's and F's) in school.[2]
- High school students who use alcohol or other drugs frequently are up to five times more likely than other students to drop out of school.[3]
- Evidence suggests that alcohol use by peers is a strong predictor of adolescent use of alcohol.[4]
- One national study found that students are less likely to use alcohol if they are socially accepted by people at school, and feel that teachers treat students fairly.[5]

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IMPACT ON CHILDREN'S HEALTH AND SAFETY

Those who begin drinking before age 13 years are much more likely even in high school to frequently drink to intoxication.[1]

- Compared with other students, the approximately one million frequent heavy drinkers more often exhibit behaviors that pose risks to themselves and others.[1]
- In 2000, youths ages 12 to 17 who reported past-year alcohol use (19.6%) were more than twice as likely as youths who did not (8.6%) to be at risk for suicide during this time period.[2]
- Girls ages 12 to 16 who are current drinkers are four times more likely than their nondrinking peers to suffer from depression.[3]
- In 2006, 1.4 million youth ages 12 to 17 needed treatment for an alcohol problem. Of this group, only 101,000 of them received any treatment at a specialty facility, leaving an estimated 1.3 million youths who needed but did not receive treatment.[4]
- Of all children under age 14 killed in vehicle crashes in 2006, 23% were killed in alcohol-related crashes.[5]

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IMPACT ON SOCIETY

Alcohol is the leading contributor to the leading causes of death among young people in the United States.[1,2]

- In 2002, about 18 million adults in the US met diagnostic criteria for alcohol disorders.[3]
- More than one-half of American adults have a close family member who is an alcoholic or has abused alcohol.[4]
- Research was conducted in 1998 to determine the total cost attributable to the consequences of underage drinking. The cost was more than $58 billion per year, based on year 2000 dollars.[5]
- In 1998, the estimated productivity loss for workers with past or current alcoholism was $86.4 billion. Productivity losses were greatest for males who initiated drinking before age 15.[6]
- In a survey of 18- to 24-year-old current drinkers who failed to complete high school, nearly 60% had begun to drink before age 16.[7]
- Long-term heavy alcohol use is the leading cause of illness and death from liver disease in the U.S.[8]
- Alcohol is implicated in more than 100,000 deaths annually.[9]
- The National Highway Traffic Safety Administration estimates that the laws specifying 21 as the minimum drinking age have saved 25,509 lives since the mid-1970s.[10]

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ASK YOURSELF

As Parents

- Do you know how to discuss alcohol use with your child and where to get information to help you?
- Do you know your child's friends, and do you feel that they provide positive influences on your child's activities?
- Do you know the extent of drinking by children in your neighborhood and how to find local organizations that are working on the issue?
- Do you know the legal consequences if your child is caught drinking alcohol?
- Do you know your State's laws about providing alcohol to anyone under 21?

For assistance in answering these questions, please visit the National Institute on Alcohol Abuse and Alcoholism Web site at http://www.niaaa.nih.gov, and the *Leadership to Keep Children Alcohol Free* Web site at http://www.alcoholfreechildren.org.

As Teachers, Administrators, and School Counselors

- Has your school or community assessed student drinking to determine the extent of the problem?
- Do you know what factors may be contributing to student drinking in your school or community (e.g., easy access to alcohol, peer pressure, adults' failure to address the issue)?
- Do you know what steps, if any, are being taken within your school system to help kids resist the pressure to drink?
- Is your school currently working to educate parents about alcohol use among children?
- Does your school have an active partnership with the families of its students?

As Concerned Citizens

- Do you know how easily children in your community can obtain alcohol and what communities can do to prevent access to alcohol by young people?
- Does your community have educational programs and policies to prevent children from drinking?
- Does your community have "alcohol-free" events? If not, do you know how to initiate them?
- Is there collaboration among public and private schools, community businesses, local government, and the police force to develop and enforce policies related to youth alcohol use?

The statistics in this booklet are current at the time of publication. We continually update these statistics and post them on our Web site, www.alcoholfreechildren.org. Please refer to the Web site for the most recent statistics.

Initiative Founders: National Institute on Alcohol Abuse and Alcoholism and The Robert Wood Johnson Foundation
Funding Partners: National Institute of Child Health and Human Development/National Institute on Alcohol Abuse and Alcoholism/Office of Research on Women's Health/Substance Abuse and Mental Health Services Administration

For more information contact: leadership@alcoholfreechildren.org

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